

City Council
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City of Long Beach



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of Parks and Recreation
Paul Ferrante

Parks & Recreation Department

ADULT FITNESS CLASS

This class will be held at the fitness center at the Long Beach Recreation Center.

Wednesdays 10:00 a.m. – 11:00 a.m.

Schedule of Classes:

	September	October
Wednesday	17 – 24	1 – 8 – 15 – 22

Class description: This 6 week, circuit style class utilizes the new state of the art fitness equipment at the Recreation Department. Lead by our Exercise Physiologist, Diane Danby, each participant will exercise at their own pace while being supervised in a group setting. The class will begin with cardiovascular conditioning using the treadmills, bikes or elliptical machines. During this portion of the class, heart rate and intensity will be monitored and recorded on your individual program card. The second half of the class will be spent in the resistance training room. Here, you will learn how to use the new Cybex strength equipment as well as exercise in a circuit format moving from one machine to the next. Seat settings and weights will be recorded on your individualized program chart to be used during each class. A group stretch cool down will complete this one hour class.

Class fee as follows:

WITH FACILITY MEMBERSHIP

Resident	\$60
Resident Senior	\$60
Non-Resident	\$75
Non-Resident Senior	\$75

WITHOUT FACILITY MEMBERSHIP

Resident	\$102
Resident Senior	\$78
Non-Resident	\$117
Non-Resident Senior	\$93

Pay per class fee: \$15

Make checks payable to City of Long Beach. Cash, Visa or MasterCard are also accepted.

Adult Fitness Class Fall I 2014

**Put Telephone # on check

NAME _____ AGE _____ SEX _____

STREET _____ CITY _____

PHONE _____ E-MAIL _____

FILL OUT MEDICAL INFORMATION ON BACK OF THIS FLYER

For Rec Use Only:

Receipt # _____ Amt Pd. _____ Date _____ Staff _____ Posted _____

Fall I 2014 ADULT FITNESS CLASS
EMERGENCY MEDICAL INFORMATION

(Please print clearly)

PLEASE COMPLETE THE FOLLOWING INFORMATION:

NAME _____ HOME PHONE # _____

AGE _____ SEX _____ BIRTH DATE _____

ADDRESS _____

CITY/STATE _____ ZIP _____

EMPLOYER _____ PHONE _____

IN AN EMERGENCY PLEASE NOTIFY:

NAME _____ PHONE _____

ADDRESS _____

RELATIONSHIP (to above) _____

1. HAS APPLICANT HAD ANY SERIOUS ILLNESS, INJURY OR OPERATION (if YES, give dates & explanations). _____

2. WILL APPLICANT BE TAKING ANY MEDICATION? (if YES, indicate types & effects). _____

3. DOES APPLICANT HAVE A PHYSICAL OR MENTAL DISABILITY THE INSTRUCTOR NEEDS TO BE AWARE OF FOR INSTRUCTIONAL MODIFICATIONS OR EMERGENCY PURPOSES? (if YES, please explain:) _____

Participant's Signature _____ Date _____

Physician's signature of approval to participate _____ Date _____